

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS

FILED

JCB
AUG 24 2009

TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In Re:

Superior Air Parts, Inc.

DEBTOR

§
§ CASE NO. 08-36705
§
§
§ CHAPTER 11
§

**WITHDRAWAL OF PROOF OF CLAIM
FOR AICCO, INC.**

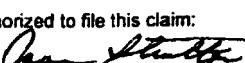
PLEASE TAKE NOTICE that AICCO, Inc. hereby withdraws its claim filed in the above referenced proceeding. Attached is a copy of the Proof of Claim being withdrawn.

Dated the 16th day of August, 2009

By: *Joan Stratton*
Name: Joan Stratton
Title: Assistant Vice President

I hereby certify under penalty of perjury that I am authorized to withdraw the above referenced Proof of Claim.

By: *Joan Stratton*
Name: Joan Stratton
Title: Assistant Vice President

United States Bankruptcy Court Northern District of Texas		PROOF OF CLAIM	This space for Court Use Only
In re (Name of Debtor) Superior Air Parts Inc		Case Number 08-36705	
Note: This form should not be used to make a claim for administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.			
Name of Creditor: AICCO, Inc.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Imperial A.I. Credit Companies, Inc. 101 Hudson Street, 34th Floor Jersey City, New Jersey 07302 (800) 221-3450		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces _____ or <input type="checkbox"/> amends a previous claim filed on _____	
Account number by which creditor identifies debtor: 15-010-016727-3			
1. Basis for Claim <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input checked="" type="checkbox"/> Money Loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other: Breach of Contract		<input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Your SS# _____ Unpaid compensation for services performed from _____ to _____	
2. Date debt was incurred: 09/08/08		3. If court judgment, date obtained:	
4. Total Amount of Claim: at least \$41,797.70 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: Insurance Return Premiums		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority: \$ _____. Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)*, earned cessation of the debtor's business, whichever is earlier. <input type="checkbox"/> Contributions to an employee benefit plan—11 USC 507(a) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease or rental of a property or services for personal, family or household use. 11 USC 507 (a)(6). <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse or child. 11 USC 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units. <input type="checkbox"/> Other—Specify applicable paragraph of 11 USC 507 (a)(____)	
*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statement of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: 01/12/09		Sign and print the name and title, if any, of the creditor or other U.S. BANKRUPTCY COURT person authorized to file this claim:  Joan Stratton, Assistant Vice President	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 USC 152 and 3571.		TAMARA C. MARSHALL, CLERK NORTHERN DISTRICT OF TEXAS This space for Court Use Only	

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JAN 16 2009